

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Project Director / Principal Investigator (PD/PI)

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* New Investigator? ☐ No ☐ Yes

Degrees:

2. Human Subjects

Clinical Trial? ☐ No ☐ Yes

* Agency-Defined Phase III Clinical Trial? ☐ No ☐ Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Phone Number: Fax Number:

Email:

* Title:

* Street1:
Street2:
* City:
County:
* State:
Province:
* Country: * Zip / Postal Code:

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4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?

☐ No☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/registry/index.asp> . Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Cell Line(s):

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

[illegible]